MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

018741

Reg. Diat. No. 105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County: Charles
City or town: Waldorf
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Charles
City or town: Waldorf
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Catherine M. Adams

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widowed

6.(b) Name of husband ~~or wife~~ Edward Adams
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 8, 1873

8. AGE: Years	Months	Days	If less than one day
76	2		hrs. min.

9. Birthplace: Chas. Co. Md.
(Town, county, and state)
10. Usual occupation: Housework
11. Industry or business:
FATHER 12. Name: Edward Monroe
13. Birthplace: Chas. Co. Md.
MOTHER 14. Maiden name: Julia Acton
15. Birthplace: Chas. Co. Md.
16. Informant: Mrs. Virgil Armiger
Address: Waldorf, Md.
17. (Burial, cremation, or removal. Which?) Burial Date thereof 9/16/49 (month) (day) (year)
Cemetery or crematory: St. Paul's
Location: Waldorf, Md R.F.D.
18. Funeral director: Hewitt & Ryon
Address: Waldorf, Md.
19. (Date rec'd by registrar) 19 49 M. L. Mowry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/17 19 49 at 8:45 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 19 46 to 9/17 19 49
and that I last saw h.e.v. alive on 9/13 19 49

Immediate cause of death	DURATION
Acute Cardiac Dilitation	
Due to Cardio-Vas-Renal Disease	
Due to Senility	3 years
Other conditions 442	
131a	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: [illegible] M. D. or other
Address: Waldorf, Md. Date signed 9/17/49

RECEIVED
SEP 20 1949
BUREAU V. R.

Evidence for change of year of birth is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

018742

FILM No. G 122 OCT 13 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 106

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles Co. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head | LENGTH OF STAY (in this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Chas.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Francis (Last) Custer

4. DATE OF DEATH: (Month) (Day) (Year) 9-25-49

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed | 8. DATE OF BIRTH: 9-25-1864 | 9. AGE last birthday: 85 yrs. | If under 1 year: Months Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home wife | 10b. KIND OF BUSINESS OR INDUSTRY: None | 11. BIRTHPLACE (State or foreign country): Culver County - Md | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wm. H. Hungerford | 14. MOTHER'S MAIDEN NAME: Mary L. Tyschei

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO.: NO | 17. INFORMANT: Mr. Custer (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Cardiac Dilatation	30 min
421.1 Antecedent cause(s)	(b) Chronic Valvular Disease	20 yrs
92d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteriosclerosis	15 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — | 19b. MAJOR FINDINGS OF OPERATION: — | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 10, 1948 to Sept 25, 1949, that I last saw the deceased alive on 9-25-, 1949, and that death occurred at 7.30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James E. Andrews 9-26-49

23. BURIAL, CREMATION REMOVAL (Specify) | DATE 9/27/49 | NAME OF CEMETERY OR CREMATORY Bethlehem Chapel | LOCATION (City, town, or county) (State) Calvert Co. Md

DATE REC'D BY LOCAL REG. 9/25/49 | REGISTRAR'S SIGNATURE Odey Price | 24. FUNERAL DIRECTOR Robert Hartness | ADDRESS Mutual, Md

VS. A15

RECEIVED
OCT 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08743

CERTIFICATE OF DEATH

Chas.

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Bryantown MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN / LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bryantown
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) MARY	(Middle) JULIA	(Last) EDELEN	4. DATE OF DEATH (Month) SEPTEMBER (Day) 9 (Year) 1949
5. SEX F	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH June 7-1875	9. AGE last birthday 74 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Housework	11. BIRTHPLACE (State or foreign country) N.S.A.	12. CITIZEN OF WHAT COUNTRY? N.S.A.	
13. FATHER'S NAME Alfred Edelen		14. MOTHER'S MAIDEN NAME Mary Susan Wade		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Joseph Edelen		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CARCINOMA, RIGHT BREAST (PULMONARY AND AXILLARY METASTASES)	2 YEARS
170 Antecedent cause(s)		
50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) GENERALIZED ARTERIO-SCLEROSIS	UNKNOWN
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION OCTOBER 25, 1947	19b. MAJOR FINDINGS OF OPERATION CARCINOMA, RIGHT BREAST WITH AXILLARY METASTASES	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —	
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from OCTOBER 22, 1949, to SEPTEMBER 19 49, that I last saw the deceased alive on SEPTEMBER 8, 1949, and that death occurred at 1.00 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John H. Griffin,	M.D.	Hughesville, Charles Co.	9/9/49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)	DATE Sept 22/49	NAME OF CEMETERY OR CREMATORY St Marys	LOCATION (City, town, or county) Bryantown (State) Md
DATE REC'D BY LOCAL REG. Sept 10-49	REGISTRAR'S SIGNATURE M. L. Thomas	24. FUNERAL DIRECTOR Hunt & Ryan	ADDRESS
Sept. 13, 1949	Julia H. Casey		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08744

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Benedict
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Benedict
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) William (Middle) A. (Last) Edelen

4. DATE OF DEATH: (Month) September (Day) 25 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: August 1872

9. AGE last birthday: 77? yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Benedict, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Edelen

14. MOTHER'S MAIDEN NAME: Mary Catherine Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Francis Edelen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Ataxia - Sclerotic Heart Disease with Congestive Failure. — Approximately 6 weeks

420.0 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Generalized Arteriosclerosis — Unknown.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1, 1949, to Sept. 1, 1949, that I last saw the deceased alive on Sept. 1, 1949, and that death occurred at 4:00 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John H. Griffin, M.D. — ADDRESS: Hughesville, Maryland — DATE SIGNED: 9/28/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 9-28-49 — NAME OF CEMETERY OR CREMATORY: St. Marys — LOCATION (City, town, or county) (State): Bryantown, Md.

DATE REC'D BY LOCAL REG.: 9-28-49 — REGISTRAR'S SIGNATURE: Julia A. Posey

24. FUNERAL DIRECTOR: Huntt & Ryon, Waldorf, Maryland — ADDRESS:

RECEIVED
SEP 30 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08745

CERTIFICATE OF DEATH

Reg. Dist. No. 101

1. PLACE OF DEATH:

County: Charles

City or town: Nanjemoy (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Charles.

City or town: Nanjemoy (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Bertha Gutrick

3.(b) Social Security Number

4. Sex: F

5. Color or race: C

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Robert Gutrick

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Sep 15 1890

8. AGE: Years 59 Months — Days 13 If less than one day ... hrs. ... min.

9. Birthplace: Charles County Maryland (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER

12. Name: Noble Smith.

13. Birthplace: Charles Co. Md.

MOTHER

14. Maiden name: Mary Posey

15. Birthplace: Charles Co. Md.

16. Informant: Samuel Gutrick

Address: Nanjemoy Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 2, 1949 (month) (day) (year)

Cemetery or crematory: Mount Hope Baptist

Location: Nr. Doncaster

18. Funeral director: Stanley Penny

Address: Pisgah Md.

19. Oct. 1 1949 (Date rec'd by registrar) Mary Southerland Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sep 29, 1949 at 10 30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 1930 to Sep 28 1949 and that I last saw her alive on Sep 27 1949

Immediate cause of death: Anemia - Ulcer Cardiac Disease.

Due to: Late Lues - Nephritis Paralysis Agitans

Other conditions: 027 309 (Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

DURATION

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: George C. Bicknell Mtr M. D. or other

Address: Marbury, Md. Date signed: October 1 1949

VS A15 9-45-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 12 1949
BUREAU T. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08746

CERTIFICATE OF DEATH

Reg. Diat. No. 102

1. PLACE OF DEATH:

County: Charles

City or town: Grayton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: Riverside Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Louise Ann Henson

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	S

6.(b) Name of husband or wife

6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 3 1948

8. AGE: Years 1 | Months 2 | Days 10 | If less than one day ____ hrs. ____ min.

9. Birthplace: Riverside, Charles Co. Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name: Clarence Savoy

13. Birthplace: Riverside Md

MOTHER 14. Maiden name: Margaret Henson

15. Birthplace: Riverside Md

16. Informant: Margaret Henson,

Address: Grayton, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sep. 14 49 (month) (day) (year)

Cemetery or crematory: Oak Grove

Location: near Riverside

18. Funeral director: Edmund Savoy,

Address: Grayton Md

19. Sept 15 19 49 (Date rec'd by registrar) L V Thompson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sep 14 19 49, at 10 12 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sep. 11 19 49, to Sep 14 19 49

and that I last saw h alive on Sep 11 19 49

Immediate cause of death	DURATION
Pulmonary Congestion	
Due to: Bronchitis Congestive	
Due to:	
Other conditions: 501	

(Include pregnancy within 3 months of death)

106a

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George C. Bicknell, M.D. M. D. or other

Address Marbury Md Date signed Sep 14 49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

RECEIVED
SEP 16 1949
BUREAU V. A.

08747

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH — COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Waldorf. — LENGTH OF STAY (in this place): 3 1/2 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Waldorf Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) DONALD (Middle) ALONZO (Last) MILLER
4. DATE OF DEATH: (Month) 9 (Day) 15 (Year) 1949
5. SEX: M
6. COLOR OR RACE: W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): M.
8. DATE OF BIRTH: 6-6-'01
9. AGE last birthday: 48 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrical & Electronic Engineer
10b. KIND OF BUSINESS OR INDUSTRY: N.A.S.
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY? #1
13. FATHER'S NAME: Anthony Miller
14. MOTHER'S MAIDEN NAME: Moray Price
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Tonia Miller Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

976 Immediate cause (a) SUICIDE - BULLET WOUND

Antecedent cause(s)

164C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) IN RT TEMPLE — 9-15-49

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): SUICIDE
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): HOME — (CITY OR TOWN): Waldorf — (COUNTY): Chas — (STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 9 15 49 11 A m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Shot self with 32 cal. pen pistol.

22. I hereby certify that I attended the deceased from medical examiner's case, that I last saw the deceased alive on ....., 19....., and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE: E. Redelen (Degree or title) M.D. — ADDRESS: La Plata Md — DATE SIGNED: 9-15-49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): — DATE: Sept 20-49 — NAME OF CEMETERY OR CREMATORY: Arlington Nat — LOCATION (City, town, or county): Arlington Va (State)

DATE REC'D BY LOCAL REG.: Sept 16-49 — REGISTRAR'S SIGNATURE: M L Moore — 24. FUNERAL DIRECTOR: Hunt & Gon — ADDRESS: Waldorf

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 20 1949
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

118748

Reg. Dist. No. 105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Waldorf | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Waldorf Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) E. (Last) MORELAND

4. DATE OF DEATH: (Month) Sept (Day) 20 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: July 16 1874

9. AGE last birthday: 75 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Charles Co Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Marcellus Montgomery

14. MOTHER'S MAIDEN NAME: Alice K. Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: George E. Moreland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary thrombosis — Interval between onset and death: 3-5 years

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerosis and
(c) hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 2, 19 18, to Sept 18, 19 49, that I last saw the deceased alive on Sept 19, 1949, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Alfred R Tapman (Degree or title) ADDRESS Aquasco, Md DATE SIGNED Sept 20, 1949

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE Sept 22-49 | NAME OF CEMETERY OR CREMATORY St Peters | LOCATION (City, town, or county) Waldorf (State) Md

DATE REC'D BY LOCAL REG. 9-21-49 | REGISTRAR'S SIGNATURE W. E. Thomas

24. FUNERAL DIRECTOR Smith & Son | ADDRESS Waldorf Md

RECEIVED
SEP 22 1949
BUREAU V. S.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08749

Reg. Dist. No. 106

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Willie (Middle) E. (Last) Riley

4. DATE OF DEATH: (Month) 9 (Day) 6 (Year) 1949

5. SEX M | 6. COLOR OR RACE W | 7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) | 8. DATE OF BIRTH 9/12/90 | 9. AGE last birthday 58 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman | 10b. KIND OF BUSINESS OR INDUSTRY Powder Factory | 11. BIRTHPLACE (State or foreign country) Waterloo Va. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME William Riley | 14. MOTHER'S MAIDEN NAME Rose Ennis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes | (If year, give war or dates of service) W. War I | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs Emma L. Riley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia Coronary	24 hrs
420.1 Antecedent cause(s)	(b) Hypertension Arterial	2 yrs
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-6, 19 49, to 9-6, 19 49 that I last saw the deceased alive on 9-6, 19 49 and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE James E. Andrews (Degree or title) ADDRESS Indian Head Md DATE SIGNED

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE 9/9/49 | NAME OF CEMETERY OR CREMATORY Arlington National | LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REG. 9/8/49 | REGISTRAR'S SIGNATURE Odey Price

24. FUNERAL DIRECTOR Hunter & Lyon | ADDRESS Woodbury Md

VS. A15

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SEP 20 1949
BUREAU V. S.

MV

08750

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — Bel Alton
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. #301

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Kenneth (Middle) James (Last) Veatch
4. DATE OF DEATH (Month) 9 (Day) 10 (Year) 1949
5. SEX Male
6. COLOR OR RACE W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)
8. DATE OF BIRTH 9/2/97
9. AGE last birthday 52 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY U.S. Govt.
11. BIRTHPLACE (State or foreign country) Chicago Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME John M. Veatch
14. MOTHER'S MAIDEN NAME Anna F. McManas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Julia H. Veatch (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

812.5 Immediate cause (a) Multiple rib fractures; fractured jaw; —

170C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) probable cerebral injury — Minutes

(c) Automobile accident — Minutes

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway
(CITY OR TOWN) Nr. Bel Alton, (COUNTY) Charles, (STATE) Md
TIME OF INJURY (Month) 9 (Day) 10 (Year) 49 (Hour) 11 30-45 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Struck by hit-and-run auto

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) James L. MacKavanagh, M.D., ADDRESS Deputy Medical Examiner, La Plata, Md. DATE SIGNED 9-11-49

23. BURIAL, ~~CREMATION REMOVAL (Specify)~~ DATE THEREOF Sept 13/49 NAME OF CEMETERY OR CREMATORY Arlington National LOCATION (City, town, or county) Arlington Va. (State)

DATE REC'D BY LOCAL REG. Sept. 11-49 REGISTRAR'S SIGNATURE M. L. Moore
24. FUNERAL DIRECTOR W. W. Chauncey ADDRESS Washington D.C.

Sept. 13, 1949 Julia H. Pasey

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

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RECEIVED
SEP 15 1949
BUREAU V. S.

Woolton
08751

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grayton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) (Last) Woolard
4. DATE OF DEATH (Month) Sept. (Day) 10 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 8, 1899
9. AGE last birthday 49 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Garage Attendant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) N. Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Rufus Woolard
14. MOTHER'S MAIDEN NAME Claudia Credle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. James H. Waldroup, Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-10, 1949, to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE A O Woodd (Degree or title) MD. ADDRESS La Plata. Md. DATE SIGNED 10 Sept 49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 9/13/49
NAME OF CEMETERY OR CREMATORY Riverside Memorial Park
LOCATION (City, town, or county) Norfolk, Va (State)

DATE REC'D BY LOCAL REG. 9/12/49
REGISTRAR'S SIGNATURE Julia A. Pasey
24. FUNERAL DIRECTOR Huntt & Ryon, Waldorf, Md ADDRESS

MARGIN RESERVED FOR BINDING

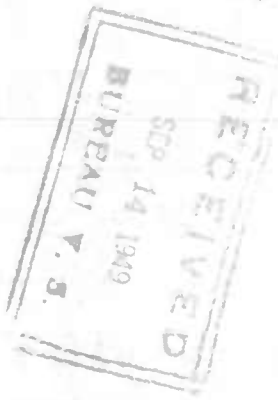
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

This man was dead upon arrival at this hospital. There was no evidence of foul play; from the history of those who were with him it is evident that he died of natural causes, coronary occlusion. There is no record of any past illnesses, nor has he been attended by any physician within the past several years.

S O Woodly. M.D.

in the absence of State Medical Examiner
James MacKavanagh. MD



RECEIVED
SEP 14 1949
BUREAU V. S.